

**UNITED STATES DISTRICT COURT FOR THE  
DISTRICT OF NEW JERSEY**

<b>IN RE: JOHNSON &amp; JOHNSON TALCUM POWDER PRODUCTS MARKETING, SALES PRACTICES, AND PRODUCTS LIABILITY LITIGATION</b>	<b>MDL NO. 2738 (FLW) (LHG)</b>  <b>Case No. 3:21-cv-2819</b>
<b>THIS DOCUMENT RELATES TO:</b>  <b>SARAH WINTNER,</b>  <b>Plaintiff,</b>  <b>v.</b>  <b>JOHNSON &amp; JOHNSON, et. al.</b>  <b>Defendants</b>	

**SUGGESTION OF DEATH**

Counsel for Plaintiff in the above-referenced action hereby give notice of the death of Plaintiff, Sarah Wintner. Ms. Wintner passed away on June 3, 2021. Counsel was not made aware of Decedent's death until approximately June 23, 2021.

By way of the Motion to Substitute Parties in accordance with Rule 25(a) of the Federal Rules of Civil Procedure, the Decedent's husband, Meir Levy, and her surviving children, Tova Fagan, Yael Wintner Manaster, and Paul Wintner, will request to be substituted in this action as Plaintiffs and Successors in Interest on Behalf of the Estate so that Sarah Wintner's claims survive and the action on her

behalf may proceed. Said parties will also be asserting a claim for wrongful death consistent with the Short Form Complaint.

Attached hereto as "Exhibit A" is a true and correct copy of the Death Certificate for Sarah Wintner.

Dated: August 3, 2021

Respectfully Submitted,

**MORRIS LAW FIRM**

By: /s/ James A. Morris, Jr.  
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“EXHIBIT A”



# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

3052021146151		<b>CERTIFICATE OF DEATH</b> <small>STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 3/08)</small>		3202119036065	
STATE FILE NUMBER		LOCAL REGISTRATION NUMBER			
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT—FIRST (Given) <b>SARAH</b>		2. MIDDLE <b>-</b>		3. LAST (Family) <b>WINTNER</b>
	AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST) <b>-</b>		4. DATE OF BIRTH mm/dd/ccyy <b>05/10/1949</b>		5. AGE Yrs. <b>72</b>
	9. BIRTH STATE/FOREIGN COUNTRY <b>ISRAEL</b>		10. SOCIAL SECURITY NUMBER <b>570-92-9202</b>		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK
	12. MARITAL STATUS/SRDP* (at Time of Death) <b>MARRIED</b>		7. DATE OF DEATH mm/dd/ccyy <b>06/03/2021</b>		8. HOUR (24 Hours) <b>2023</b>
	13. EDUCATION—Highest Level/Degree (see worksheet on back) <b>HS GRADUATE</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>
USUAL RESIDENCE	17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED <b>HOMEMAKER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>OWN HOME</b>		19. YEARS IN OCCUPATION <b>37</b>
	20. DECEDENT'S RESIDENCE (Street and number, or location) <b>22509 CARSON MESA ROAD</b>				
	21. CITY <b>MALIBU</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>		23. ZIP CODE <b>90265</b>
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP <b>MEIR LEVY, HUSBAND</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>22509 CARSON MESA ROAD, MALIBU, CA 90265</b>		
	28. NAME OF SURVIVING SPOUSE/SRDP—FIRST <b>MEIR</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>WINTNER</b>
SPOUSE/SRDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT—FIRST <b>SOUL</b>		32. MIDDLE <b>-</b>		33. LAST <b>FRIEDLANDER</b>
	35. NAME OF MOTHER/PARENT—FIRST <b>DVORA</b>		36. MIDDLE <b>-</b>		37. LAST (BIRTH NAME) <b>GREENBERGER</b>
	34. BIRTH STATE <b>HUNGARY</b>		38. BIRTH STATE <b>HUNGARY</b>		
FUNERAL DIRECTOR/LOCAL REGISTRAR	39. DISPOSITION DATE mm/dd/ccyy <b>06/04/2021</b>		40. PLACE OF FINAL DISPOSITION <b>MOUNT SINAI MEMORIAL PARK 5950 FOREST LAWN DRIVE, LOS ANGELES, CA 90068</b>		
	41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <b>▶ NOT EMBALMED</b>		43. LICENSE NUMBER <b>-</b>
	44. NAME OF FUNERAL ESTABLISHMENT <b>MOUNT SINAI MORTUARY</b>		45. LICENSE NUMBER <b>FD1010</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>▶ MUNTU DAVIS, M.D.</b>
PLACE OF DEATH	101. PLACE OF DEATH <b>RESIDENCE</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other
	104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>22509 CARSON MESA ROAD</b>		106. CITY <b>MALIBU</b>
	107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>(A) MALIGNANT NEOPLASM OF UTERUS</b>		Time Interval Between Onset and Death <b>(AT) MOS</b>		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER
CAUSE OF DEATH	Sequitentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST <b>(B)</b>		<b>(BT)</b>		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	<b>(C)</b>		<b>(CT)</b>		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	<b>(D)</b>		<b>(DT)</b>		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/ccyy <b>05/21/2021</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>▶ RAMI MOUSTAFA SHAARAWY M.D.</b>		116. LICENSE NUMBER <b>A96619</b>
	Decedent Last Seen Alive mm/dd/ccyy <b>06/03/2021</b>		117. DATE mm/dd/ccyy <b>06/04/2021</b>		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RAMI MOUSTAFA SHAARAWY M.D. 2659 TOWNSGATE RD STE 102, WESTLAKE VILLAGE, CA 91361</b>				
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/ccyy
	122. HOUR (24 Hours)				
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)				
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)				
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)				
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>▶</b>		127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.# CENSUS TRACT	

### CERTIFIED COPY OF VITAL RECORD

#### STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health. It bears the Registrar's signature in purple ink.

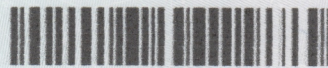
*Rami Moustafa Shaarawy, M.D.*  
AV

DATE ISSUED

Health Officer and Registrar

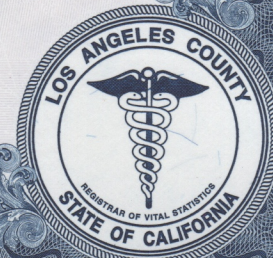
This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



002990437

JUN 22 2021





**CERTIFICATE OF SERVICE**

I hereby certify that on August 3, 2021, the above and foregoing Suggestion of Death was filed electronically and is available to viewing through the Court's electronic filing system. A true and correct copy has been served upon all counsel of record via the Court's ECF system.

/s/ James A. Morris, Jr.  
JAMES A. MORRIS, JR.